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**Sander Rabin MD JD**

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January 25, 2006

Commissioner of Patents  
Box 1450  
Alexandria, VA 22313-1450

**Re: Application No. 10/035,914**  
**Filing Date: November 7, 2001**  
**First Named Inventor: David E. Weinstein**  
**Art Unit: 1634**  
**Examiner Name: Diana B. Johannsen**  
**Attorney Docket No. 5402-9**

Dear Sir/Madam:

Enclosed is a signed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address and a Power of Attorney and Correspondence Address Indication Form for the above-referenced matter. Please contact me should you have any questions.

Very truly yours,  
**Convergent Technology Patent Law Group**

*Sander Rabin (tlb)*  
Sander Rabin, MD JD

Enclosures

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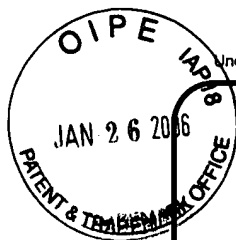
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BIOMEDICINE BIOTECHNOLOGY NANOMEDICINE



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/035,914
		Filing Date	November 7, 2001
		First Named Inventor	David E. Weinstein
		Art Unit	1634
		Examiner Name	Diana B. Johannsen
Total Number of Pages in This Submission		Attorney Docket Number	5402-9

ENCLOSURES (check all that apply)		
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Power of Attorney and Correspondence Indication Form</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Sander Rabin MD JD Registration No. 53,498 Customer No. 41672
Signature	
Date	January 18, 2006

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Typed or printed name	Kristina Bolcar		
Signature		Date	January 25 2006

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Doc Code:

PTO/SB/81 (04-05)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/035,914
Filing Date	November 7, 2001
First Named Inventor	David E. Weinstein
Title	METHODS FOR DETECT ASTROCYT
Art Unit	1634
Examiner Name	Diana B. Johansen
Attorney Docket Number	5402-9

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Sander Rabin MD JD	53,498

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sander Rabin MD JD		
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Country	USA		
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I am the:

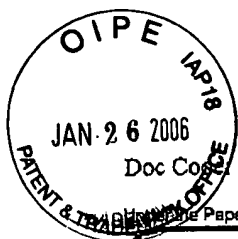
☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	21 January 2006
Name	David E. Weinstein	Telephone	212-543-0444
Title and Company	Chief Executive and Chief Scientific Officer GliaMed Inc		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/82 (04-05)

Approved for use through 11/30/2005, OMB 0851-0035

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/035,914
Filing Date	November 7, 2001
First Named Inventor	David E. Weinstein
Art Unit	1634
Examiner Name	Diana B. Johannsen
Attorney Docket Number	5402-9

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR


<input checked="" type="checkbox"/> Firm or Individual Name	Sander Rabin MD JD				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	David E. Weinstein		
Date	January 24, 2006	Telephone	212-543-0444

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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